



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Human Services
 DIVISION OF HEALTH CARE QUALITY,
 FINANCING AND PURCHASING
 Center For Child and Family Health
 600 New London Avenue
 Cranston, Rhode Island 02920
 Telephone: 462-3113 Fax: 462-6353



MEMO TO: Mr. Gilson DaSilva (BCBSRI)
 Ms. Maureen Brousseau (NHPRI)
 Ms. Patrice Cooper (UHCNE)
FROM: Deborah Florio (Administrator, CCFH)
SUBJECT: Organ Transplant Authorizations – Rite Care
DATE: 08/07/2006

This memo provides clarification about an imminent change in the processing of authorization requests for organ transplants needed by Rite Care enrollees. Effective immediately, the Rite Care Health Plan (rather than the Department of Human Services, Center for Child and Family Health) will be responsible for making all decisions to either approve or reject requests for organ transplantation for its members.

- Contracted health plan providers should continue to be advised to notify the Rite Care Health Plan at the time that a potential transplant recipient is identified. Rite Care Health Plans must have policies and procedures documenting that contracted providers must notify the Health Plan as Rite Care enrollees are identified as potential organ transplant recipients. A copy of these policies should be submitted to the CCFH annually. The Health Plans must maintain their policies & procedures on-file and make them available to the CCFH upon request.
- The Rite Care Health Plan will be responsible for making medical necessity determinations for organ transplantation in a timely manner for its enrollees and for issuing all relevant authorization (or denial) correspondence. The Health Plan should maintain this documentation on file.
- The Department of Human Services, Center for Child and Family must still be notified promptly in the event that any Rite Care enrollee has been approved for organ transplantation, even if Rite Care is the secondary health insurance coverage. A revised reporting form has been appended to this memorandum (see **Notification of Impending Rite Care Transplant** form). This notification will give the CCFH advance notice that it may expect a stop loss claim. The CCFH must be notified via FAX transmittal five business days prior to a scheduled procedure and one business day following an emergency procedure. All notification forms should be sent via FAX transmittal (462-6353) to the attention of Ms. Sharon Reniere, CCFH Assistant Administrator. Please do not append photocopies of enrollees' medical records.

Please do not hesitate to contact Sharon Reniere at the CCFH at 462-2187 if there are any questions addressing this correspondence.

cc: Mr. Murray Brown
 Ms. Ann Chiodini
 Ms. Lissa DiMauro
 Mr. Rick Jacobsen
 Ms. Sharon Reniere

Attachments (2)

Notification of Impending Rite Care Transplant

Name: _____ **Date:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____

Health Plan Name: _____

Health Plan ID Number: _____

Other Primary Insurance Coverage:

(If applicable please provide the following information)

Name of Other Plan: _____

Subscriber Name: _____

(Person who applied for this coverage)

Subscriber ID # _____ **Group Number:** _____

PCP Name: _____ **Notified:** _____

Diagnosis: _____

Anticipated Date of Transplant: _____

Transplant Facility: _____

Address: _____

Health Plan Case Manager: _____

Telephone: _____ **Fax:** _____

Department of Human Services use only:

Received by: _____ **Date:** _____

DHS Transplant Coordinator Signature: _____

Please fax form to RI Department of Human Services
Center for Child and Family Health
Attn: Ms. Sharon Reniere
Assistant Administrator CCFH
Fax #: (401) 462-6353

RITE CARE

STOP-LOSS PROVISIONS

RITE CARE STOP-LOSS PROVISIONS

I. GENERAL

Section 1.40 of the contract with the State of Rhode Island, Department of Human Services (the Department) and the Rite Care Health Plans (the Contractor), effective January 1, 2005, provides for Stop-Loss coverage in certain circumstances, as follows:

Stop-Loss provision means the mechanism by which the State will reimburse Contractor for the expenses of specific benefits exceeding limits referenced in this provision. Reimbursement to the plan will be at 90 percent of the current approved State Medicaid rate or 90 percent of the actual cost to the plan; whichever is less, except as noted. Stop-Loss provision will apply on a calendar year basis to individual Rite Care members.

Stop-Loss Provision will apply to:

- Long-term care in an intermediate or skilled facility in excess of 30 days (Custodial care is not a covered benefit.)
- Transplants. The Contractor will be responsible for all costs up to the actual transplant of a bodily organ; costs associated with the transplant procedure will be reimbursed by the State to Contractor at the State-approved Medicaid rate or the actual cost, whichever is less.
- Early Intervention services in excess of \$5,000 will be paid at the current State-approved Medicaid rate or the Health Plan rate, whichever is less.

II. REPORTING AND TRACKING

Reimbursement of eligible Stop-Loss expenditures to the Contractor from the Department falls into one of three categories:

1. Nursing facility benefits in excess of 30 days
2. Transplants
3. Early Intervention

Nursing facility benefits in excess of thirty days in a calendar year.

The Department requests notification from the Contractor to the Stop-Loss Program Coordinator no later than the twenty-fifth (25th) day of treatment. Notification should include the following:

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- A summary of the original treatment plan
 - Detailed objectives for the continued stay
 - Discharge plan, including a projected discharge date, and
 - Plans for care after discharge

The Department will provide written acknowledgment to Stop-Loss requests, and will work with the Contractor to create a clinically appropriate alternative, if the extension cannot be granted.

In the event of a case where the Contractor has not submitted timely notification to the Department, the above documentation will be required and will be subject to retrospective review.

Transplants

The Contractor is responsible for all costs up to the actual transplant of a bodily organ, **including appropriate transportation to and from the contracted facility**. Once the Contractor has approved a member for a transplant, a copy of the review, including all medical documentation, should be provided to the Department as soon as it is available. Documentation must also include the name of the contracted facility where the transplant is to take place. The Department will provide a written response to approve or reject a Stop-Loss request (please see attached documentation sheet).

The Department recognizes the possibility that an emergency may occur where the Contractor will not be able to comply with the above. In such an event, the Contractor shall provide the Department with medical documentation no later than the next business day after learning of the event.

Early Intervention

The Contractor will track Early Intervention expenditures and shall submit documentation to the Department of the expenses of those members, which exceed \$5,000 during the calendar year.

The Contractor must establish and implement internal written procedures for identifying, tracking and reporting Stop-Loss claims to the Department in accordance with these provisions.

III. REIMBURSEMENT

Claims for reimbursement should be submitted to the Department no later than one hundred eighty (180) days after the end of claims activity. In the event that claims may not have been adjudicated within that period of time due to third party liability issues or appeal status, the Department must receive notification and explanation prior to expiration of the time limit. In addition to any applicable clinical documentation cited in Section II, the Contractor shall submit:

Skilled Nursing Facility Inpatient Claims:

Documentation of all services allocated to the claim, from admission to the most recent, including the following:

- Name of member
- Social Security Number of member
- Copies of applicable expenses, including charges and amount(s) paid

Transplant Claims:

- Name of member
- Social Security Number of member
- Documentation of all expenditures incurred during the admission when the transplant was performed

Early Intervention Claims:

- Name of member
- Social Security Number of member
- A summary of all expenditures allocated to the \$5,000 yearly threshold, including dates of service, names of service providers, CPT or HCPC codes, and amounts claimed and paid
- Documentation of those claims in excess of \$5,000 during the calendar year, which are being submitted for reimbursement